

*AETC PAMPHLET 44-101*

*1 NOVEMBER 1995*

*Medical*

***BUDDY CARE BASICS***

**THE AETC  
SUICIDE  
PREVENTION  
PROGRAM**



# **AETC LINK PROGRAM**

Look for possible concerns

Inquire about concerns

Note level of risk

Know referral resources and strategies

## **Buddy Care Basics**

This pamphlet, AETCPAM 44-101, implements AFD 44-1, *Medical Operations*.

### **LIFE EVENTS INTERVENTION--YOU CAN MAKE A DIFFERENCE**

Suicide can be prevented, but for this to happen, an environment of concern and “buddy care” must develop to a point where no one has to go it alone. We must create a “web” that extends to every individual, and links individuals, supervisors, first sergeants, commanders, the community, and the medical professionals all in circles of concern.

Those in the helping professions can’t help if they are not aware of the need. The majority of those who have committed suicide in the Air Force in the past 10 years were not known to the medical community, yet they gave warning signals. The best resource to turn this problem around is the powerful concept of “buddy care.” Buddies can help friends and coworkers in their time of need by “linking” them to helping resources.

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This is what the AETC LINK Program is all about, and it must start with each of us choosing to make a difference through life events intervention. This material was prepared to help you begin this process.

## **BE AWARE OF THE FACTS**

1. Suicide is preventable. Most suicidal persons want to live; they are just unable to see alternatives to their problems. They often view their situation as **HOPELESS**.
2. Most often, suicidal persons are temporarily overwhelmed with real **LIFE EVENTS**. Some of the most commonly experienced are relationship difficulties, separation, divorce, financial problems, pending legal actions, work problems, loss of a loved one, illness, etc.
3. Most suicidal persons give definite **WARNINGS** of their suicidal intentions, but we are often unaware of their significance or do not know how to respond.
4. Suicide cuts across all ranks, ages, and economic, social, religious, and ethnic boundaries.
5. Suicide is the eighth leading cause of death in the US and the third leading cause among 15- to 24 -year-olds, behind accidents and homicide.
6. Males commit suicides at rates and numbers three to four times those of females.
7. Although there are no official US statistics on attempts, it is estimated there are at least 8 to 20 attempts for each death by suicide.
8. Females have been generally found to make three to four times as many attempts as males.
9. Feelings of **HOPELESSNESS**, such as “there are no solutions to my problem,” are found to be more predictive of suicide than a diagnosis of depression per se.
10. The **SOCIALLY ISOLATED** are generally found to be at high risk for suicide.

11. It is estimated that suicide intimately affects at least six other people.

12. People with a Mental Health diagnosis are generally associated with higher risk of suicide. Groups at particular risk are the depressed, schizophrenics, alcoholics, and those with a panic disorder.

13. Currently, there are over 30,000 suicides annually nationwide (83 per day, one every 17 minutes), with more than 12 of every 100,000 Americans killing themselves.

14. Suicide ranked as the leading cause of death from 1990 to 1993 among enlisted members in AETC and was the second leading cause in 1994.

## **BE AWARE OF THE WARNING SIGNS**

There is no “typical” suicidal person, but there are some common warning signs. When you act on these warning signs, you can save a life. A suicidal person may:

- Talk about committing suicide
- Have trouble eating or sleeping
- Experience drastic changes in behavior
- Withdraw from friends or social activities
- Lose interest in hobbies, work, school, etc.
- Prepare for death by making final arrangements
- Give away prized possessions
- Have attempted suicide before
- Take unnecessary risks
- Have had a recent or severe loss
- Be preoccupied with death and dying
- Lose interest in his or her personal appearance
- Increase his or her use of alcohol or drugs

## **BE AWARE OF FEELINGS**

Many people have had thoughts about suicide at some point in their lives. Most decide to live because they come to realize the crisis is temporary and death isn't. On the other hand, people having a crisis often feel their situation is inescapable and feel a sense of hopelessness and loss of control. Some commonly experienced feelings are:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

## **BE AWARE OF DO'S AND DON'TS**

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support.
- Ask if they are thinking about suicide.
- Be direct. Talk openly about their suicidal thoughts. Determine if they have a plan.
- Question accessibility to guns, pills, etc.
- Listen. Allow expression of feelings.
- Don't lecture or debate--try to be nonjudgmental.
- Don't dare them to do it.
- Don't give advice.
- Don't blow them off as not being serious--take all threats seriously.
- Offer empathy, not sympathy.

- Don't act shocked. This will put distance between them and you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available.
- Take action. Remove means, if possible. Don't leave the person alone. Get help immediately.
- During duty hours, notify your supervisor of the person you are concerned about.
- After duty hours, contact the hospital emergency room, 911, command post, security police, or local police (if off base).

**NOTE:** It's not your job to evaluate the person; it's your job to INFORM the resource personnel when you are concerned about possible risk.

## **RESOURCES**

- Supervisors
- First Sergeants and Commanders
- Mental Health Professionals
- Family Support Center
- Family Advocacy
- Chaplains
- Legal Office
- 911 or Hospital Emergency Room
- Command Post
- Security Police or Local Police
- Fire Department
- Base Legal Office

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